

VENDOR NAME Park Hyatt Washington VENDOR # \_\_\_\_\_  
 ADDRESS (if not on invoice) \_\_\_\_\_

	PAYING ENTITY	REA CO #	RNC #	
<input type="checkbox"/>	HYATT CORPORATION	2100	N/A	
<input checked="" type="checkbox"/>	CALIFORNIA HYATT CORPORATION	2110	N/A	
<input type="checkbox"/>	HQ, INC.	2000	300	<input type="checkbox"/> GL/ACCT Approval
<input type="checkbox"/>	ROSEMONT PURCHASING	2221	N/A	
<input type="checkbox"/>	GOLD PASSPORT	9100	N/A	
<input type="checkbox"/>				<input type="checkbox"/> GL/ACCT Approval

ACCT. #	ACCT. DESCRIPTION	CENTER #	AMOUNT
5555 6300	Relocation Expenses	2060	2,974.90
TOTAL			2,974.90

## SPECIAL REQUESTS:

- ☐ EXPLANATION TO APPEAR ON CHECK, (16 CHARACTER LIMIT) \_\_\_\_\_
- ☒ RETURN CHECK TO Eve West EXT # 8083
- ☐ PAYMENT MUST BE RECEIVED BY VENDOR BEFORE \_\_\_\_\_
- ☐ FEDERAL EXPRESS (COMPLETED FEDERAL EXPRESS FORM MUST BE ATTACHED)
- ☐ BILL BACK (COMPLETED FORM MUST BE ATTACHED)

CODED BY: [Signature]

APPROVALS: \_\_\_\_\_

A/P AUDIT: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: 5/26/00

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

Confidential  
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